## TARGET POPULATION PROGRAMS

Program	Services	Who can receive services?	income or property limit?	Other insurance allowed?	Cost	Otizenship or satisfactory	Where to apply?
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Access for infants and Mothers (AIM)	Prenatal visits and hospital delivery Full health care services during pregnancy and 80 days after. Full health care services for the baby born (for the first 2 years) Pharmacy costs.	Pregnant Women (not more than 30 weeks at time of the application) Baby resulting from the AIM-covered pregnancy (birth to 2 years old)	200% 300% of the FPL. No property limit	Yes, if insurance does not cover maternity care; or if a separate maternity deductible or copay is over \$500.	2% of family gross income which can be paid over 12 morths \$100 for child's second year. Seeflyer for more information.	Na	Call tol-lifree 1-800 433-2611
Adolescent Family Life Program	Case management and counseling services	Pregnant and parenting teens, age 17 and under	None	Yes	None	No	916-657-1332
Baby Cal	Public awareness and education campaign on the importance of prenatal care and health behavior during pregnancy for high risk women Toll-free hot line	Public information service	N/A	ΝA	res	N/A	1-800 BABY-989
Black Infant Health Program	Family support services and resources for early sudmined health care intervention	African-American infants and families	None	Yes	None	No	916-657-3647
California Children Services (CCS) Program	Diagnosis and treatment of CCS eligible conditions at CCS approved facilities Provides medically necessary care and case management Hospitalization In-home nursing	Children under 21 years of age who have serious, medical and disabling conditions that are covered by CCS	Adjusted gross family income less than \$40,000 OR Out of pocket expenses are expeded to be more than 20% of family income. No Property Limits	Yes	Annual enrolment fee based on family size and income Annual assessment fee of \$20 Fees exempt if enrolled in Healthy Families Or Medi-Cal	No	
California Kids	Preventive care services and 24 hour nurse access Medical office visits, dental, vision care, and mental heath.  Prescriptions No hospitalization or major surgeries	Children ages 2 to 19 who are in Tost or care or have undocumented immigration status	200% to 300% of the FPL  NOT eligible to fellower fellowe	Yes, if CCS or private insutance with a deduct lote of \$2,000 or more	\$20-\$25-per month if family income is over 200% FPL Co-pay of \$5.\$15	No	Call toll free 818-461-1400

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California School Health Centers	Immunizations Treatment of minor lifess and injury Prescriptions Substance abuse treatment Health education Reproductive health services for high school Case management Referral to specialist	Children and adolescents attending a school that has a school-linked health cent er Some other children in the family or parents	None	Yes	None	No	Call the child's school, ask the school nurse or attendance officer if the school has a health certier
Child Care and Development Program	Develop and fund child care centers and homes.  Alternative Payment.  Resource and Referral.  Public information and referral service for airsistile child care for all members of the community.	Families with children, if art to age 13	Low income families who are working or receiving public assistance	N/A	Varies.	No	916-322-6233
Child Health and Disability Prevention Program	Regular health checkups and immunizations. Diagnosis and treatment for conditions found during the checkup Prescription medicines. Based on age, entitled to 15 or more exams. No hospitalization.	Children under age 21, receiving Medi- Cal Children under age 19-with family income under 200% of FPL Children enrolled in Head Start or State Preschool programs	Up to 200% of FPL No property limit	Samelimes, Ask the CHDP doctor	None	No	CHDP approved dodor
Comprehensive Perinzfal Services Program (CPSP)	Case management services to provide enhanced obstatric care through nutrition, health education and psychosocial services	Low income pregnant and post perturn women, from conception to 60 days after birth	None	NA	None	No	Providers make referrals
Family P.A.C.T. (Family Planning)	Comprehensive family planning services, including contraception, testing, counseling, it erits at ion and education	Low income men andwomen Medi-Cal dients with an unmel share of cost	income at or below 200% FPL No property limit	Yes, if the insurance does not cover family planning	No	No	Call t dilfree 1-800 942 1054
Head Start	Provides education, social, medical, dental, nutrition and mental health services	Law income child from birth to entry into elementary school and their families	Low income	N/A.	Yes	No	916-323-9727

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Heathy Families	Medical office visits, dental and vision care, necessary medical tests  Prescription medicines  Preventive care  Substance abuse services  Mental health services  Hospitalizations	Children under 19- years old	Upto 250% d FPL No property limit	No, if employer- sponsored insurance	Monthly premiums from \$4 to \$9 per child/limit of \$27 for all children in family.  \$5 co-payments for some non-preventive care services	Yes, See hendbook for information	Call tolkfree 1-888 747-1222 for an application or to get a referral to a facility that provides help with the application
Healthy Start	School-linked services are coordinated for: Family support Basic needs Medical/Health A cademid Education Employment Recreational Income Maintenance	Children, youth, families	None	Yes	None	No	
Kaiser Permanente Cares for Kids (KPKIDS)	Preventive care service  Primary and specially care  Medical office visits, vision care  Prescription medicines  Mental health services  Hospitals at ion	Coverage for: Children ages 0 to 19, who are not eligitie for Medi- Cal or Healthy Families AND at least one child is enrolled in a participating school	250%-300% of FPL No property limit	No	Co-payments of \$5-10 for some services Morthly premium of \$25-\$35 per child, up to a maximum of 3 children	Children's Social Security Number is requested	Call toll-free 1-800-255-5053
Major Risk Medical Insurance Program	Hospital Inpatient Care Cuspetient medical and surgical Emergency Care A cutle rehabilitation services Limited transplant coverage Preventative services for misors Outpatient prescriptions Durable medical equipment Mental hashib care	Individuals unable to obtain coverage on the open market due to pre-existing medical conditions	None	No		No	Call toliffree 1-800-289-6574

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Maternal and Child Health	Tolifree line provides  List of culturally and linguistically appropriate community health and human resources information and referral regarding access to prenet all care.	Public Information	None	No	None	NA	
Medi-Cal for A duts	Preventive, primary and specialty care Medical office visits, vision care, dental care and mental health Hospitalization Prescription medicines	Persons age 85 or older, legally blind or disabled by Sodal Security standards	Free Medi Cal is based on family size and income Assets must be verified	Yes	Persons with income above specified limits pay a share of cost for medical expenses.  The share of cost depends upon the family size and income	Yes, for full coverage Emergency services only are available to persons who cannot document legal status	Apply at the local Department of Public Social Services office
Medi-Califor Children	Preventive, primary and specially care Medical office visits, vision care, dental care and mental health Hospitalization Prescription medicines	Children upto the 19° bithday	Age 0 to 1 At or below 200% FPL Age 1 to 5 At or below 133% FPL Age 6 to 18 At or below 100% FPL No property limit	Yes	No cost for families unless the income is more than the FPL	Yes, forfull obverage Emergency services only are available to persons who cannot document legal status	Call tidlifree 1-889 747-1222 for an application Applications are also assistable at many neighborhood organizations, dirties and hospitals
Medi-Calfor Families	Preventive, primary and specialty care Medical office visits, vision care, dental care and mental health Hospitalization Prescription medicines	Parents or needy caretakers and children up to their 21.4 bit hday	For no-cost Medi-Cal, refer to the income limits in the flyer at or below 100% FPL. Assets must be verified	Yes	Family income over the limit for no cod Med-Cal may have to pay a share of cod for medical services. The share of cod amount depends upon the family income and size	Yes, for full coverage Emergency services only are available to persons who cannot document legal status	Apply at the local Department of Public Social Services office
Medi-Calfor Long Term Care	Nursing home and convalescent care.  Preventive, primary and specialty care.  Medical office visits, vision care, dental care and mental health.  Hospitalization.  Prescription medicines.	Persons in long term carefacilities		Yes	Patients may have a share of cost based upon income	Yes, for full coverage Emergency services only are available to persons who cannot document legal status	Applications are available at most nursing homes, or through the local Department of Public Social Services

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Medi-Cal for Pregnant Women	Pregnancy Post part um relat ed services	Pregnant women	At or below 200% of FPL No property limit	Yes	No cost for families unless the income is more than the FPL	No	Call talkfree 1-898 747-1222 for an application Applications are available at many neighborhood organizations, clares and hospitals
Medicare	Past A ~ Hospitalization Past B ~ Out patient	Persons eligible to receive Social Security or Rairced Retirement benefits and needs one of the following: Age 65 or order Disabled or Blind Received Social Security for at least 24 consecutive months. Chronic renal disease.	None	Yes	Premium for Part-B is approx. \$50 for 2001 There are deductibles Size pays the premium if bend idary also receives Med-Cal	Yes	Apply at the local Social Security Administration Office
Medicare Reimbursement Programs	Government pays part or all of the Medicare premium based on income	Medicare beneficiaries entitledforeceive Part A Medicare	Up to 175% of the FPL Property limit depends upon family size The limit begins at \$4,000 for 1 persons	Yes	None	Yes	Apply at the local county welfare department
Pac Advantage	Affordable insurance coverage for small employers through volume purchasing of insurance. Standard health benefit package.	Employers with 2- 50 employees regularly working at lead 30 hours perweek	N/A	NA	Employers pay all costs Employers pay at less 50% of the lowest cost plan available, up to 100% \$510 \$15 co-pay	No	Call tol Hree 1-877-472-2238
Partnership for Responsible Parenting	Community based at rategies to prevent teen and unseed pregnancy  Education and media campaigns o promote responsible parenting. Strengthen law enforcement's ability to prosecute adult males who impregnate minor females.  Expand mentoring programs for at-risk youth.	Teenagers	N/A	NA	NA	NA.	948-857-3084

Program	Services	Who can receive services?	income or property limit?	Other insurance allowed?	Cost	Of irenship or satisfactory immigration status required?	Where to apply?
Women, Infants, and Children (WIC)	Vouchers for healthy foods: Support for bread-feeding mothers. Help finding health care and other community services	Women who are pregnant, breast-feeding or new mothers.  Children under 5 years old who have a nutritional risk, such as anemia, detary or weight problems.	Below 185% FPL (Below 200% FPL if receiving Medi- Cal) No property limit	Yes	None	No	Call t di lifree 1-888-942-9675

All programs require California residence, except WIC Phone numbers verified as of 11/5/98

Note 1: Note 2: